

L14 0000 89615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

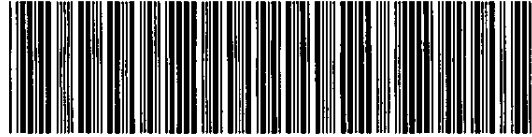
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TAMPA, FLORIDA

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J SHIVERS

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Agriculture Maintenance LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicholas Donald Hall

Name of Person

Firm/Company

816

~~111~~ 4th St

Address

Vero Beach FL 32962

City/State and Zip Code

nicholas_hall84@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas Donald Hall

772

643-7200

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Nicholas Donald Hall	816 4th St	<input checked="" type="checkbox"/> Add
		Vero Beach fl 32962	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Morris Hall	816 4th ST	<input type="checkbox"/> Add
		Vero Beach Fl 32962	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated May 01 2015

[Handwritten signatures]

Signature of a member or authorized representative of a member

Nicholas Donald Hall

Typed or printed name of signee

on the eastern of: